



New York City Alliance
Against Sexual Assault

Sexual Victimization of Youth Nationwide and in New York City: A Systematic Narrative Review

Executive Summary

Research published over the last decade has explored the incidence, prevalence, and consequences of sexual victimization of youth, including attempted and/or completed rape, sexual coercion and harassment, child sexual abuse, and sexual contact with force or threat of force within adolescent acquaintance and dating relationships. Current research reveals that adolescents are more likely to experience sexually violent crimes than any other age group. Nationally, between 7 and 10.2% of young girls aged 12-17 have experienced some form of sexual assault, rape, or child sexual abuse, while one in five young adult college-age women have reported ever having been forced to have sexual intercourse. In New York City, one study found approximately one in four young women experienced an unwanted sexual experience in the past year. These findings reveal the urgent need to attend to the risk factors for experiencing sexual violence, the health and psychosocial implications of victimization, and to increase resources for preventing violence among youth, in New York City as well as nationwide.

Risk Factors and Sequelae Associated with Sexual Violence

To date, a range of risk factors and sequelae have been associated with an increased risk of experiencing sexual victimization. Nationwide, adolescent risk factors include having been in a romantic relationship in the past 18 months, having been exposed to violence in the past year, alcohol use in the last year, marijuana use in the last 30 days and increasing levels of emotional stress. In New York City the risk of rape or attempted rape is increased by past physical aggression by the dating partner, date-specific behaviors including decreased level of romantic involvement and going to the perpetrator's house to be alone, and past sexual victimization as an adolescent. A range of negative outcomes and risk behaviors are associated with exposure to sexual violence including PTSD, substance abuse, eating disorders, delinquency and revictimization.

Sexual Violence among Youth Nationwide and in New York City: A Systematic Narrative Review

Purpose: This systematic review will summarize all pertinent evidence on sexual violence among youth and adolescents, helping researchers and scientists to direct their research and to remain updated. The objective of this review is to systematically assess published literature on sexual violence among youth in New York City and in nationally representative samples. The overall aim is to gather, summarize, and integrate empirical research on sexual violence among youth to help people understand the evidence and emphasize its implications for practice and future research.

Methods: Five databases (PubMed, MEDLINE, ProQuest Research Library, PsycINFO, and ScienceDirect) were searched for studies published between 1996 and 2006 concerning sexual violence and youth. The review was limited to empirical studies based in New York City or those using a nationally representative sample; theoretical studies and those with no participants under 24 years during the research period or when they experienced acts of sexual violence were excluded.

Results: Sixteen articles were found on the topic of sexual violence and youth among nationally representative samples; on the same topic with a geographic focus in New York City, twelve articles were found, including four ethnographic studies. All were published between 1996-2006. Each of the studies dealt with topics such as prevalence of sexual violence, associated health risk behaviors, factors influencing disclosure, and predictors of sexual violence.

I. INTRODUCTION

Sexual violence is not only a crime that disproportionately affects adolescents and young adult women, it is a large public health problem around the world. The World Health Organization defines sexual violence as

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (WHO 2002).

Research has demonstrated that both male and female victims of sexual violence are at greater risk for developing an array of health risk behaviors and negative life outcomes, affecting psychological, social, and physical wellbeing. Given that childhood and adolescence is a time of increasing risk and vulnerability for sexual violence, as well as a time of life when sexual violence can have overwhelming and injurious effects, it is critical that empirical investigations continue to improve our understanding of the prevalence, scope, risk factors and impact of sexual violence.

This systematic review will summarize all pertinent evidence on sexual violence among youth and adolescents, helping researchers and scientists to direct their research and to remain updated. The objective of this review is to systematically assess published literature on sexual violence among youth. The overall aim is to gather, summarize, and integrate empirical research on sexual violence among youth to help people understand the evidence and emphasize its implications for practice and future research.

II. METHODOLOGY

A review protocol establishes the scope and methods to be used for the review and helps ensure that the review process is well-defined, systematic, and unbiased as possible. The methods for all major elements of the protocol – the parameters and inclusion criteria; literature search and article-screening strategies; data abstraction procedures – will be outlined below.

Parameters and Inclusion Criteria

Inclusion criteria are established to focus the systematic narrative review. Published peer-reviewed and non peer-reviewed articles, research reports, book chapters, presentations and NYC based dissertations are included. Restricting the literature to roughly the past decade ensures that the included articles reflect the most current work in the field (even though some methodologically rigorous and groundbreaking studies published before or after the cut-off date may not be represented in the review). Finally, this review is limited to those studies based on a nationally representative sample or with a geographic focus in New York City.

Inclusion criteria

- Published between 1996 – February 2006
- English-language publication
- Peer-reviewed and non peer-reviewed journal, book chapter, presentation, dissertation or research report
- Geographic focus in New York City or a nationally representative sample

The electronic databases that were searched include PubMed, MEDLINE, ProQuest Research Library, PsycINFO (EBSCOhost), and ScienceDirect (Elsevier Journals Online).

Search terms were identified based in the inclusion criteria for this review. In general, the search terms used in the literature searches included keywords such as dating violence, rape, sexual assault, and sexual violence, as well as youth (ages 15-24) or adolescents (10-19), both of which fall into the category of young people (ages 10-24). Additionally, search terms included keywords related to the World Health Organization's definition of violence against women, defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." This encompasses, *inter alia*, "physical, sexual and psychological violence occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in

educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state.”

Abstracts returned by literature searches were screened to determine whether they met the inclusion criteria; if so, full documents were retrieved. When the abstract did not provide sufficient information to determine inclusion, the full article was retrieved for further examination. Articles that ultimately met the inclusion criteria were reviewed using the data abstraction method; those that didn’t were eliminated. In addition, the bibliographies of all included articles, as well as relevant review articles, were examined as an additional measure to ensure that all articles meeting the inclusion criteria were located.

Data Abstraction

Extracting the data from the included articles, recording detailed information about the study on which the article was written, and assessing the quality of the study were major endeavors of this systematic review. To ensure thorough assessment of articles, two reviewers separately recorded detailed information for each article, and any discrepancies were reconciled by a third reviewer. The New York City Alliance Against Sexual Assault Research Advisory Committee will also review the articles.

A data abstraction form was used to review each article selected for inclusion. This form was used to classify and organize information provided in each article. Data recorded on the form included descriptive information about the population and setting (i.e., location of study, study eligibility criteria, population characteristics), and study design and sample (i.e., study groups, sample sizes, methods).

As noted above, the review system involved a three-tiered data abstraction process that included a primary, secondary, and tertiary review of the articles. The primary reviewer recorded all classifying information about the study on the data abstraction form. Following this review, the secondary reviewer evaluated the articles and examined the completed primary data abstraction form against the article, making modifications and noting discrepancies. This was then saved as the Secondary Review Form, so as to retain the original data in addition to the modifications suggested by the secondary reviewer. All completed forms will then be passed to the Research Advisory Committee, who will complete the final, tertiary abstraction.

Limitations

All systematic reviews face inherent challenges. For example, by developing inclusion criteria, which are a necessary albeit limiting factor, the scope of documents might be biased. One inclusion criterion common to such reviews is limiting the literature to English-language publications, which results in a review of fewer publications with a limited perspective. Nonetheless, a systematic narrative review provides the best hope for scientifically sound recommendations to people concerned with issues related to sexual violence among youth in New York City and in the United States.

III. RESULTS: Findings from studies based on nationally representative samples

After conducting initial database searches, twenty four articles dealing with violence among youth and adolescents were retrieved. Following exclusion of studies that dealt primarily with physical and dating violence without any assessment of sexual violence, the remaining sixteen articles are examined here. These articles deal with varied topics including: predictors of sexual violence; effects of sexual violence on risk behaviors, major depression and post traumatic stress disorder; prevalence and types of sexual violence; and issues related to disclosure or reporting sexual assault to law enforcement.

Table 1. Selected characteristics of studies addressing youth and sexual violence, 1996-2006: Studies based on nationally representative samples

Authors (year)	Sample (nationally representative)	Methodology/design	Findings
(Raghavan, Bogart et al. 2004)	7545 adolescent women in grades 7-12	Survey	7% of adolescent women reported forced sex. Predictors of sexual victimization include having been in a romantic relationship in the past 18 months, having been exposed to violence in the past year, alcohol use in the last year, marijuana use in the last 30 days and increasing levels of emotional distress.
(Hanson, Self-Brown et al.)	4023 adolescents aged 12-17	Telephone survey	8.2% experienced sexual assault and 39.7% witnessed violence at home or in the community. Violence-exposed adolescents reporting parental alcohol or drug use had the highest rates of psychiatric diagnoses.
(Diaz, Simantov et al. 2002)	3015 girls in grades 5-12	School-based survey	8% reported history of physical abuse, 5% sexual abuse, and 5% both. Those who reported both types of abuse were significantly more likely to experience moderate to severe depressive symptoms, moderate to high levels of life stress, regular smoking, regular alcohol consumption, use of other illicit drugs in the past 30 days, and fair to poor health status,
(Acierno, Kilpatrick et al. 2000)	4023 adolescent boys and girls aged 12-17	Telephone survey via structured clinical interview	Higher age, familial history of alcohol or drug use, sexual or physical assault, witnessing violence, and a diagnosis of PTSD or depression each increased the odds of current cigarette use by a factor of at least two. Sexual assault or depression increased risk of smoking for girls only.

Authors (year)	Sample (nationally representative)	Methodology/design	Findings
(Brener, McMahon et al. 1999)	Undergraduate students who participated in National College Health Risk Behavior Survey	Survey	20% of female students reported ever having been forced to have sexual intercourse, most often during adolescence. Female students who had ever been raped were significantly more likely to report a wide range of health risk behaviors.
(Ackard, Neumark-Sztainer et al. 2001)	6728 adolescents in 6-12 grades who completed the Commonwealth Fund Survey of the Health of Adolescent Girls and Boys	Survey	Binge and purge behavior was nearly twice as prevalent among girls (13%) as boys (7%) and was significantly associated with all abuse types (physical, sexual or both). A higher percentage of youth that <i>did not</i> discuss their abuse reported binge-and-purge behavior than those who <i>did</i> discuss their abuse.
(Howard and Wang 2005)	13,601 high school students in grades 9-12 who completed the 2001 Youth Risk Behavior Survey	Survey	Lifetime prevalence of forced sex for females was 10.2%, males 5.1%. Correlated with a history of forced sex were: feeling sad/hopeless, having considered or attempted suicide, being a victim of physical dating violence, heavy cigarette use, binge drinking, having multiple recent sexual partners and unprotected sex.
(Upchurch and Kusunoki 2004)	12,105 adolescents in grades 7-12; this analysis includes data from sexually active girls only	School-based survey	Girls with a history of forced sex are more likely to have a greater number of sexual partners, be younger at first sex, and be more likely to use alcohol or drugs at last sex. These factors in turn are significantly associated with a positive STD history.
(Kilpatrick, Ruggiero et al. 2003)	4023 adolescents aged 12-17 who participated in National Survey of Adolescents	Telephone survey	16% of boys and 19% of girls met criteria of PTSD, depression, and/or substance abuse/dependence. Exposure to interpersonal violence (physical assault, sexual assault, or witnessed violence) increases the risk of these disorders.
(Turner, Finkelhor et al. 2006)	2030 children aged 2-17 (caregivers were interviewed as proxies for 2-9 year age group)	Telephone interview survey	Sexual assault, child maltreatment, witnessing family violence, and other major violence exposure each contributed to both depression and anger/aggression. Cumulative exposure to multiple forms of victimization over a child's life-course represents a substantial source of mental health risk.
(Ruggiero, Smith et al. 2004)	3220 adult women	Structured telephone interview	Results revealed a higher past-year prevalence of PTSD and major depressive episodes among women who waited longer than 1 month to disclose their rape.

Authors (year)	Sample (nationally representative)	Methodology/design	Findings
(Vogeltanz, Wilsnack et al. 1999)	1099 women aged 18 and older	Survey	Prevalence rates for childhood sexual abuse ranged from 21%-32%. The risk of CSA was related to higher scores on a measure of father's rejection, and the interaction between parental drinking status and whether the respondent had lived with both parents during childhood.
(Finkelhor, Ormrod et al. 2005)	2030 children and youth aged 2-17 years, boys and girls	Telephone interview survey	More than half of the children and youth experienced a physical assault in the study year, and 1 in 12 a sexual victimization.
(Wolak, Finkelhor et al. 2004)	2574 law enforcement agencies; 612 interviews with local, state, and federal law enforcement investigators	Mail survey followed by telephone interviews	Victims of internet-initiated sex crimes were 13-15 year old teenage girls (75%) who met adult offenders (76% older than 25) in internet chat rooms. Most offenders did not deceive victims that they were adults interested in sex, and half of the victims were described as being in love or feeling close bonds with the offender. There is a need for awareness of the real life dynamics of online relationships among adolescents and information about internet safety should include discussion about why the relationships are inappropriate.
(Kogan 2004)	263 adolescent females who reported unwanted sexual experiences in the National Survey of Adolescents	Telephone interview survey	Age of onset, a known perpetrator, a familial relationship with the perpetrator, and a history of drug abuse in the household are related to timing of disclosure. Age is a critical variable in the disclosure process.
(Finkelhor and Wolak 2003)	157 parents of caretakers	Telephone survey	In a national sample of physical and sexual assaults against juveniles, recognition of the assault as a crime was more likely for episodes involving adolescent victims, adult and multiple offenders, physical injuries, female victims, and when families had prior experience with the police.

Prevalence, Predictors and Risk Factors

Between 7 and 10.2% of young girls aged 12-17 have experienced some form of sexual assault, rape, or child sexual abuse (Hanson, Self-Brown et al.; Raghavan, Bogart et al. 2004; Howard and Wang 2005). These rates double during the college years as one in five young adult college-age women have reported ever having been forced to have sexual intercourse, most frequently during adolescence (Brener, McMahon et al. 1999). According to Finkelhor et al. one in twelve children and youth aged 2-17 experienced a sexual victimization. These consistent findings reveal a heightened risk for sexual

victimization among adolescents and young adults and elucidate the need for prevention and intervention efforts directed at this population.

Another study raised the importance of prevention programs that correspond with the real life dynamics of online relationships. Seventy five percent of victims of internet-initiated sex crimes were 13-15 year old girls who met adult offenders (76% older than 25 years) in internet chat rooms. Most offenders did not deceive victims that they were adults interested in sex, and half of the victims were described as being in love or feeling close bonds with the offender (Wolak, Finkelhor et al. 2004). Prevention and intervention programs then must be aware of the unique dynamics of online relationships and information about internet safety should include discussion about why the relationships are inappropriate.

Raghavan et al. also indicated a range of predictors of sexual violence in adolescence, including: having been in a romantic relationship in the past 18 months, having been exposed to violence in the past year, alcohol use in the last year, marijuana use in the last 30 days and increasing levels of emotional stress (Raghavan, Bogart et al. 2004). These results confirm the important role that health care providers, teachers and school counselors can play in identifying adolescent women at high risk for sexual victimization and revictimization by being attuned to adolescents' mental health symptoms, substance use and levels of sexual activity.

Sequelae

The majority of the studies examined for this review upheld previous findings of negative outcomes associated with exposure to sexual violence. Violence-exposed adolescents who also reported parental alcohol or drug use had the highest rates of psychiatric diagnoses (Hanson, Self-Brown et al.). Young girls in grades 5-12 who reported a history of both physical abuse and sexual abuse were significantly more likely to experience moderate to severe depressive symptoms, moderate to high levels of life stress, regular smoking, regular alcohol consumption, use of other illicit drugs in the past 30 days, and fair to poor health status (Diaz, Simantov et al. 2002). Also correlated with a history of forced sex are: feeling sad/hopeless, having considered or attempted suicide, being a victim of physical dating violence, heavy cigarette use, binge drinking, having multiple recent sexual partners and unprotected sex (Howard and Wang 2005). Girls with a history of forced sex are also more likely to have a greater number of sexual partners, be younger at first sex, and be more likely to use alcohol or drugs at last sex. Each of these factors in turn are significantly associated with a positive history of sexually transmitted diseases, posing yet another serious health risk (Upchurch and Kusunoki 2004).

In a survey of adolescent boys and girls, sexual assault or depression increased risk of smoking for girls only (the authors suggested that the small number of boys reporting sexual assault may have limited the power of the analysis for boys) (Acierno, Kilpatrick et al. 2000). Higher rates of eating disorders have also been reported among adolescents who have experienced sexual or physical violence. Binge and purge behavior was nearly

twice as prevalent among girls (13%) as boys (7%) and was significantly associated with physical abuse, sexual abuse, or both.

A number of studies supported previous evidence of the relationship between sexual violence and mental health risk. Exposure to interpersonal violence (physical assault, sexual assault, or witnessed violence) increases the risk of post-traumatic stress disorder (PTSD), depression, and/or substance abuse/dependence (Kilpatrick, Ruggiero et al. 2003). Further, cumulative exposure to multiple forms of victimization over a child's life course represents a substantial source of depression and anger/aggression (Turner, Finkelhor et al. 2006).

Negative health outcomes are also associated with disclosure. Results revealed a higher past-year prevalence of PTSD and major depressive episodes among women who waited longer than one month to disclose their rape (Ruggiero, Smith et al. 2004). Similarly, a higher percentage of youth that *did not* discuss their abuse reported binge-and-purge behavior than those who did discuss their abuse (Ackard, Neumark-Sztainer et al. 2001).

Factors affecting the timing of disclosure were also addressed. Kogan demonstrated that age of onset, a known perpetrator, a familial relationship with the perpetrator, and a history of drug abuse in the household were all related to timing of disclosure (Kogan 2004). Finkelhor and Wolak also examined the factors that contributed to recognition of the assault as a crime: in a national sample of physical and sexual assaults against juveniles, recognition of the criminal assault was more likely for episodes involving adolescent victims, adult and multiple offenders, physical injuries, female victims, and when families had prior experience with the police.

IV. RESULTS: Findings from studies geographically based in New York City

Similar to the studies retrieved in Table 1, the findings of studies based in New York City addressed issues related to prevalence, risk of sexual assault, negative health outcomes, risk behaviors, and disclosure. Of particular interest is the number of ethnographic studies (four out of twelve) that focused on the impact of sexual violence on adolescents in New York City. These studies provide an important addition to the body of empirical research discussed here, and allow for a more profound understanding of the context and meaning of sexual violence in the lives of urban adolescents.

Table 2. Selected characteristics of studies addressing youth and sexual or dating violence, 1996-2006, New York City

Authors (year)	Sample (NYC-based)	Methodology/design	Findings
(Rickert, Wiemann et al. 2004)	689 female adolescents between 14 and 23 who presented for health services at the Mt Sinai Adolescent Health Center	Cross-sectional survey	Approximately 1 in 4 urban young women reported having an unwanted sexual experience in the past year. The risk of rape/attempted rape was increased by past physical aggression by the dating partner, date-specific behaviors including decreased level of romantic involvement and going to the perpetrator's house to be alone, past sexual victimization as an adolescent and lower levels of self-reported ethnic identity.
(O'Donnell, O'Donnell et al. 2001)	1287 urban minority adolescents in 7 th and 8 th grade; 970 completed follow-up in 10 th grade	Survey	Early sexual initiation had an increased likelihood of having had multiple sex partners, been involved in a pregnancy, forced a partner to have sex, had frequent intercourse and had sex while drunk or high. Minority adolescents who initiate sexual activity early engage in behaviors that place them at high risk for negative health outcomes.
(Clatts, Goldsamt et al. 2005)	569 young men between 12-28 who reported having had sex with a man in the last 6 months	Cross-sectional survey	Exposure to violence and victimization is prevalent across the sample. Nearly a third (31%) report exposure to violence, and over a third of these associate their exposure with their sexual identity.
(Molnar, Shade et al. 1998)	775 homeless and runaway youth (in Denver, NYC, and San Francisco)	Survey	48% of the females and 27% of the males had attempted suicide. Among females, 70% reported sexual abuse and 35% reported physical abuse. Sexual and physical abuse before leaving home were independent predictors of suicide attempts for females and males.

Authors (year)	Sample (NYC-based)	Methodology/design	Findings
(Rickert, Brietbart et al. 2006)	603 adolescent females presenting for reproductive health care	ACASI survey	Those who identified as experiencing some victimization in the last year were 1.3 times less likely to use a condom. Factors associated with not using a condom include: using a prescription method, school enrollment, being uncomfortable or not asking a partner to use a condom, history of concurrent male partners, increasing age discrepancy between subject and partner, and relationship importance. Young women at greatest risk for not using a condom are those who report some victimization.
(Rickert, Wiemann et al. 2005)	86 adolescent women who experienced rape/attempted rape; 68 who experienced verbally coerced sex	Survey	Almost 60% of victims who experienced rape/attempted rape disclosed this information to one or more individuals, whereas only 47% of those who experienced verbally coerced sex told another person. Drinking by the partner and short dating history were associated with disclosure of rape/attempted rape.
(Diaz, Edwards et al. 2004)	146 female patients aged 12-22	Direct physician inquiry of adolescent females during routine history taking and medical examination	For 141 of 146 patients, physician was unaware of a history of sexual victimization. Of these 141, 32 (23%) cases were identified using this strategy. Almost all (93%) accepted referrals for on-site psychotherapy. The routine medical history and medical examination may be an appropriate setting for health care providers to elicit a history of sexual victimization.
(Merchant, Keshavarz et al. 2004)	25 patients' logs	Retrospective review: using logs of sexual assault and violence intervention advocacy programs, the authors identified patients who had been evaluated for sexual assault	Of 25 patients identified, 14 female adolescents had received HIV PEP. Each patient suffered forced vaginal intercourse, and 64% knew their assailant though none knew his HIV status. Study advocates improved efforts to expedite HIV PEP provision in the ED.
(Freudenberg, Roberts et al. 1999)	169 young people between 12-21 completed semi-structured interview; 27 young women participated in focus groups; 194 incarcerated males 16-18 years old completed interviews	Street survey, focus groups, interviews, and observations of several youth programs	Violence is pervasive in the lives of both young men and women, although gender plays an important role in the shaping the experience of violence. 20% reported that they had experienced unwanted sexual touching or rape. The young men interviewed in jail described considerable levels of violence. More than one-quarter (26%) reported that had been physically or sexually abused.

Authors (year)	Sample (NYC-based)	Methodology/design	Findings
(Asencio 1999)	Participant observation with 150 Puerto Rican adolescents; 54-108 focus group participants; 40 male and female adolescents aged 14-21 completed interviews	Three-year ethnographic study used: participant observation, discussion groups, and in-depth semi-structured interviews	These young people, through the use of gender-based social constructs as “machos” and “sluts” justify violence by linking it to beliefs about gender roles, sexuality, and biology, and thus perpetrate gender role conformity, particularly heterosexual male dominance. Gender and sexuality are important ingredients that support violence.
(Dunlap, Golub et al. 2003)	98 female subject from 72 severely-distressed families in Central Harlem, South Bronx, Brownsville, and East New York	Longitudinal ethnographic study: semi-structured interviews, rapport of long-term relationship, and direct observation	Adult sexual contact with young girls was widespread and even the norm in many impoverished inner-city households. The majority (60 of 98) or the participants reported having been compelled to have sexual contact by the age of 13.
(Dunlap, Golub et al. 2002)	40 households in inner-city New York, primarily African American	Omnibus longitudinal ethnographic study	Sexual exploitation at an early age was commonplace, even the norm within a particular family. The women interviewed expressed outrage at having been exploited as a child. Within each girls’ household there was no outlet for expressing their concerns or gaining protection from future sexual exploitation; female and male heads of household were generally unsympathetic or were the ones arranging for or having sex with the young girls. As a result the girls never established that sexual exploitation was unacceptable and wrong. As they aged, the girls expressed an acceptance of sex for money and sex for drugs.

Prevalence, risk factors, and negative health outcomes

In a study of female adolescents aged 14 to 23 who presented for health services at Mount Sinai Adolescent Health Center, approximately one in four urban young women reported having an unwanted sexual experience in the past year. The risk of rape or attempted rape was increased by past physical aggression by the dating partner, date-specific behaviors including decreased level of romantic involvement and going to the perpetrator’s house to be alone, and past sexual victimization as an adolescent (Rickert, Wiemann et al. 2004).

Sexual violence was also explored among populations of homeless and runaway youth, as well as men who have sex with men. Among 775 homeless and runaway youth in

Denver, CO, New York, NY, and San Francisco, CA¹, 48% of the females and 27% of the males had attempted suicide. Among the females, 70% reported sexual abuse and 35% reported physical abuse. Sexual and physical abuse before leaving home were independent predictors of suicide attempts for females and males (Molnar, Shade et al. 1998).

In a study of young men who reported having had sex with a man in the last six months, exposure to violence and victimization is prevalent across the sample. Nearly a third (31%) report exposure to violence, and over a third of these associate their exposure with their sexual identity (Clatts, Goldsamt et al. 2005).

Findings from the New York-based samples also reported similar sequelae to those reported among nationally representative samples. One study in particular focused on condom use at last sex, revealing that those who identified as experiencing some victimization in the last year were 1.3 times less likely to use condom. Young women at greatest risk for not using a condom were those who reported some level of victimization (Rickert, Brietbart et al. 2006).

Factors affecting disclosure were also addressed. In estimating the correlates of disclosure of date/acquaintance rape or attempted rape and verbally coerced sex, Rickert et al. revealed that almost 60% of victims who experienced rape or attempted rape disclosed this information to one or more individuals, whereas only 47% of those who experienced verbally coerced sex told another person. Drinking by the partner and short dating history were also associated with disclosure of rape/attempted rape (Rickert, Wiemann et al. 2005).

Identifying comfortable and appropriate spaces for disclosure was also examined. In a study of 146 female patients aged 12-22, Diaz et al. evaluated the clinical practice of direct physician inquiry during routine history taking and medical examination. For 141 of 146 patients, the physician was unaware of a history of sexual victimization. Of these 141, 32 (23%) cases were identified using this strategy. Nearly all (93%) accepted referrals for on-site psychotherapy, supporting the argument that the routine medical history and medical examination may be an appropriate setting for health care providers to elicit a history of sexual victimization (Diaz, Edwards et al. 2004).

Ethnographic evidence

Among the articles retrieved based on New York City samples, four studies employed ethnographic methods to capture the context and meaning of violence in young people's lives. These qualitative descriptions of social phenomena are based on fieldwork methods including discussion groups, semi-structured interviews, and direct and participant observation. Each of the ethnographic studies examined here were longitudinal in design and allowed the researcher to develop the rapport of long-term relationships, thus

¹ Though New York is only one of three cities explored in this study, the authors asserted that the findings could be generalized to urban settings more generally, and so this article is included in this review (*CONFIRM this is ok*).

permitting the researcher to link what people say to what they actually do, and avoiding the pitfalls that come from relying only on self-reported survey or focus group data. It is important to note that the ethnographic research presented here, however, focuses disproportionately on low-income minority youth, revealing a need for more qualitative and ethnographic studies that explore the experience of sexual violence as it affects more diverse populations of youth. Findings of each study will be considered individually below.

In their study of violence in the South Bronx, Freudenberg et al. sought to help public health professionals better understand perceptions of violence in the context of young people's daily lives. Through interviews, focus groups, and observations of youth programs, the participants revealed that violence is pervasive in the lives of both men and women, although gender plays an important role in shaping the experience of violence, indicating the importance of developing interventions that address both the shared and gender-specific needs of adolescent males and females. Among this sample of adolescents, 20% reported that they had experienced unwanted sexual touching or rape. The young men interviewed in jail also described considerable levels of violence: more than one quarter (26%) reported that they had been physically or sexually abused (Freudenberg, Roberts et al. 1999).

Similarly, Asencio found that gender and sexuality were important ingredients that not only influence the experience of violence, but often support it. In a longitudinal study of gender-based violence among a cohort of low-income, predominantly second generation, mainland Puerto Rican adolescents, the findings describe how these young people use gender-based social constructs such as "machos" and "sluts". Linking violence to beliefs about gender roles, sexuality, and biology perpetuates and justifies gender-role conformity, especially heterosexual male dominance. For example, the label of "slut" became a mechanism to justify otherwise socially unacceptable behaviors of males towards females (i.e., sexual harassment, nonconsenting sexual activities, lying and physical abuse) (Asencio 1999).

In providing an account of a particular culture or community, ethnographic studies also reveal structural disadvantages and prevailing subcultural norms that may influence the prevalence of sexual violence among various urban communities. Dunlap et al. illustrate this in their study of 98 females from 72 severely-distressed families in Central Harlem, South Bronx, Brownsville, and East New York (Dunlap, Golub et al. 2003). Here, adult sexual contact with young girls was widespread and even the norm in many impoverished inner-city households. The majority (60 of 98) of the participants reported having been compelled to have sexual contact by the age of 13. Most often, the girls did not report these events to anyone, and when they did, the response was typically unsupportive of the child:

Samantha: That Sunday my mother got up. She cooked collard greens, cornbread, fried okra, corn, and she fried some chicken. And she had her plate on her lap. And I said mommy, Uncle Lay touched me. And she dropped the plate out her lap. So, she told my father. Next thing I know they got into a big argument,

whatever. So my father pulled me in the bedroom with my uncle and was askin' me did he really touch me and why I'm lyin'. Or why I'm lyin' and stuff like that. And I really felt bad cause I was like askin' my father, what you don't believe me? I don't even know what these parts really is, and you gonna ask me if he did this or not. I know what he was tryin' to do.

Girls' disclosure of sexual violence was also hindered by their fear and distrust of authorities:

Carmen (age 24): I had met him [a boy she knew] one day [when I was 15 or 16], and he said, "Well, come down. Come visit me. Come see me." I came down there one day to visit him, and I don't know how we started messin' with each other. I don't remember, maybe this was like the first or second time I came to see him . . . Yeah, he raped me. But that wasn't even the worst . . . There was a gun; I don't know if it had bullets or anything, but I'm not gonna, I was dumb scared. So I just laid there, you know what I'm saying. And anyway, he forced me to come in the house. I mean, he literally dragged me into the house, which they used to call the honeycomb hideout. Because when I went up there, and I looked and saw that it was dark; and I was like, I'm not going in there . . . So, he pulls me in the house by my hair. And then after he did that, he made me have sex with him [and] his friends. And I blocked that out. And these are guys that I still see, to this day, some of them, you know what I'm saying . . . Every time I seen this guy, he-he would drag me somewhere, and have sex with me. That was the only time with friends . . . [After this happened three times,] I just avoided a Hundred and Forty-Fourth Street . . .

[Interviewer: You never called the cops on him?] No, I was scared. I didn't know to call the cops. Black people, and back then! My mother didn't sit there to let me know if somebody did something, call the cops. And as for young people, cops was a no-no—because they don't care. I'm [thinking] and then when the cops come [they would ask], "Where's your mother?" So that would have been in the subject [become a primary concern]. Even though they might have arrested him, okay, let's take you home. Okay, when you go home, or go to the precinct, your mother don't come for five days. Oh, you're going to a foster home. I wasn't trying to call no police . . . [I found out] like a year later, he raped this other girl, and got her pregnant. And she had to give her baby up for adoption. And he's been in jail since then.

The above recollection illustrates how families did not even report severe sexual assaults by non-family members for fear of police taking away their children (other reasons cited include fear of the authorities taking away their welfare payments, their rent-subsidized apartments, and general distrust of a system with a history of discrimination against this community).

Dunlap et al. also revealed in the same study how sexual exploitation at an early age often led to acceptance of sex for money and sex for drugs in these particular communities (Dunlap, Golub et al. 2003):

Barbara (age 34, field note): Barbara was regularly compelled into sex as a child. “My stepfather tried to get me; my brother tried to get me. Just a bunch of shit. Niggers just [all the time want] pussy and numerous things. They used to hustle the pussy.” When she was around 12, her mother arranged for her to sleep with an old white man who owned a store in their neighborhood. Barbara thought the man would give her money to pay for school supplies. But the man gave the money to the mother who went and bought drugs. After that, Barbara would go to this man directly without telling her mother whenever she needed money. No one explained to her that this activity was prostitution nor suggested that it was morally wrong. Indeed, the context indicated to her that this behavior was a normal, easy way to earn money. Subsequently, Barbara reported a similar sex-for-things relationship with her mother’s boyfriend. She reported, “My stepfather on my fourteenth birthday trying [*sic*, tried] to stick his fucking tongue in my mouth. Nasty motherfucker, may he rest in peace. But he had good intentions, because he used to help me out a lot . . . [He would] buy me clothes, give me money, buy me drugs. Stuff like that. When I got older. My mother used to always send me to the store with him to pick out some school clothes and stuff. [I would let him touch me a little bit and he would buy me what I wanted.]”

Dunlap et al. contend that childhood sexual abuse is not the exclusive cause of prostitution or sex for money/goods exchanges. Rather, poor urban households simultaneously confront multiple social crises resulting from persistent structural disadvantage, behavior patterns involving the use of violence and drugs, and social isolation from mainstream American society. These conditions and the prevailing subcultural norms are macrostructural factors that contextualize the occurrence of sexual violence in a particular community. Consequently, childhood experiences of sexual violence should not be viewed as an isolated problem, not in the communities discussed in this study nor perhaps elsewhere based on broader literature regarding correlates of sexual violence among youth. At the same time, an examination of the ways that sexual violence affects all youth is vital, regardless of their economic or social background, and thus requires more research with diverse populations in order to contextualize the problem more broadly for different groups of youth.

Conclusion

Sexual violence among youth is a significant concern that demands a public health approach to identify problems and develop solutions. With an emphasis on prevention of illness or injury, a public health approach to the problem of sexual violence among youth presents a constructive alternative to an exclusive focus on rehabilitation. Going beyond treatment to identify behavioral, environmental and biological risk factors associated with violence, primary prevention takes steps to educate individuals, families and communities to protect them from these risks.

Violence is one of the leading causes of injury, illness, and death among youth in our nation and in New York City. With regard to sexual violence, adolescents, especially females, are most at risk from those with whom they are closest, including friends, acquaintances, dating partners, and family members. When defining the problem of sexual violence, however, young people's perceptions of and attitudes towards violence is often not considered when identifying the problem and scope of sexual violence. Though it is critical to understand the risk factors and impact of violence among youth, increased efforts to conduct qualitative research on perceptions and attitudes will better capture the context and meaning of violence in young people's lives. Qualitative and ethnographic data in this area will also contribute to prevention and education programs that take into account individuals' and communities' daily routines and perceptions of what constitutes good health practices.

Recent research presented in this review has supplemented our understanding of the risk and protective factors, effects, and sequelae of sexual violence among youth, thus allowing health practitioners to improve their response to sexual assault and increase prevention activities. It is clear that child and adolescent sexual assault victims are at risk for a range of negative health outcomes, including PTSD, substance abuse, eating disorders, delinquency and revictimization. Yet there remains a need to examine long-term consequences and health outcomes of sexual violence among youth, and this is one area in which further research is needed. Additionally, the ethnographic research reviewed here reveals an urgent need for qualitative and ethnographic research with more diverse populations. Further research with more diverse communities is necessary in order to explore and break the myth that sexual violence occurs only among a particular demographic population. Finally, though this review did not focus on intervention and prevention programming, this is an area for future research as well. Prevention programs are vital to educate children and adolescents about sexual violence as well as healthy and unhealthy relationships. Such programs have the potential to improve reporting and decrease the physical, mental, and behavioral sequelae. Ultimately, a better understanding of the links between characteristics of sexual violence, risk and protective behaviors, and physical and emotional harm, based on empirical research, will provide opportunities to develop more effective interventions for this vulnerable population.

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Appendix I:
Data Abstraction Forms:
Nationally Representative Samples

Appendix II:
Data Abstraction Forms:
New York City